

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
1	/				
2					
3					
4					
5					
6					
7					
8					
9					
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14	/				
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45					
46					
47					
48					
49					
50					
TOTAL IND.	4				
TOTAL DEP.	23	↔	↔	↔	
TOTAL CLAIMS	27				

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
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95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.		↔	↔	↔	
TOTAL CLAIMS					